FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | OMB APPROVA |
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|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* von Gottberg Friedrich | | | | | 2. Issuer Name and Ticker or Trading Symbol CABOT CORP [CBT] | | | | | | | | | (Chec | ationship of k all applica Director Officer (| ble) |) Perso | n(s) to Issue 10% Ow Other (s | ner |
|--|--|--|--|---------------------------------|--|--|------|--|-----------------------------------|--------------|------------------|---|-------------|---|---|---|---------------------|--|---|
| (Last) (First) (Middle) C/O CABOT CORPORATION TWO SEAPORT LANE, SUITE 1300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015 | | | | | | | | | x | X Officer (give file below) Senior Vice Presiden | | | | , |
| (Street) BOSTON (City) | eet) OSTON MA 02210 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | . Transact Pate Month/Day | Execution | | Date | ·, i | 3. Transact Code (In: 8) | ction Dispos | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amount Securities Beneficial Owned Fo Reported | Form (D) o ollowing (I) (In | | Direct Indirect str. 4) | 7. Nature of ndirect Beneficial Ownership Instr. 4) |
| | | | | | | | | (| Code | de V Amount | | (| A) or D) | Price | Transaction(s) (Instr. 3 and 4) | | | | iiisti. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | Securi | ties U | Amount of nderlying ecurity 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | xpiration ate | Title | l N | mount or lumber of chares | | Transaction(s) (Instr. 4) | | | |
| Phantom Stock Units | (1) | 12/31/2015 | | A | | 405.0881 | | | (2) | | (2) | Comm | | 105.0881 | \$40.88 | 10,145.4 | 4168 | D | |

Explanation of Responses:

- 1. 1 for 1
- 2. The reported phantom stock units were acquired under the Corporation's supplemental 401(k) plan and are to be settled upon the reporting person's retirement or other termination of service.

Remarks:

By: Kristine L. Ouimet, pursuant to a power of attorney 01/05/2016 from Friedrich von Gottberg

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.